



Morton Plant Mease Foundation

MORTON PLANT MEASE FOUNDATION

ANONYMOUS: CONFIDENTIAL PLANNED GIFT CONFIRMATION

To: MORTON PLANT MEASE FOUNDATION:

PROFESSIONAL ADVISOR: _____

Please be informed that on or about _____, one of my clients established in his/her estate planning documents a gift to the Morton Plant Mease Foundation. This confirmation is intended to outline the basic elements of that gift:

A. Client's Age or Date of Birth: _____

B. Approximate Value of Gift: _____

C. Type of Gift:

- Bequest in Will or Living Trust
- Designation under Life Insurance Policy
- Designation under IRA
- Charitable Remainder Trust
- Charitable Lead Trust
- Payable on Death (POD) Investment(Certificate of Deposit, etc.)

D. Other (please describe)

If you have any other pertinent information (such as the payout rate on a charitable trust), please provide this information:

Please be assured that the Morton Plant Mease Foundation will hold all of this information in strict confidence, and the Foundation pledges to you and your client that this information shall not be used for any other purpose other than to assist the Foundation in estimating its long-term expectations in its planned giving program.

If your client has designated this gift for a particular use, please describe such use:

Date: _____ Signature: _____

Telephone No: _____

E-mail Address: _____

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mpmfoundation@baycare.org ❖ www.mpmfoundation.org

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 1-800-435-7352 WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. MORTON PLANT MEASE FOUNDATION, FLORIDA REGISTRATION #CH321, RECEIVES 100% OF ALL CONTRIBUTIONS AND DOES NOT USE PROFESSIONAL FUNDRAISING SOLICITORS. Please write to us at our address if you wish to have your name removed from the list to receive fund-raising requests supporting the hospitals of Morton Plant Mease Health Care and their affiliates.